

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101

(Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

FILED
RECEIVED
01 NOV 16 PM 3:13
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Newvita Point Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

300004670743-3
-11/07/01-01046-001
****207.50 ****78.75

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 7, 2001

EXPRESS CORPORATE FILING SERVICE
1000 PONCE DE LEON BLVD.
STE 101
CORAL GABLES, FL 33134

SUBJECT: NEUVITA POINT INC.
Ref. Number: W01000025708

We have received your document for NEUVITA POINT INC.. However, the document has not been filed and is being returned for the following:

THE NAME OF THE R.A. LISTED IN THE DOCUMENT AND THE NAME LISTED ON OUR RECORDS ARE DIFFERENT (SEE PRINT-OUT ENCLOSED). ALSO, THE NAME OF THE PERSON SIGNING ON BEHALF OF THE R.A. MUST BE TYPED BESIDES HIS/HER SIGNATURE ALONG WITH THEIR TITLE.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 901A00060585

ARTICLES OF INCORPORATION
FOR

Neuvita Point Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Neuvita Point Inc.

FILED
01 NOV -6 PM 3:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

390 NE 125st.
N. Miami FL. 33161

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be: 100

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent shall be:

Medical Care Center of ^{North} N. Miami, Inc.
12995 NE. 7th Ave.
N.M. FL. 33161

ARTICLE V INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Medical Care Center of ^{North} Miami, INC.
12995 NE 7th Ave.
NM. FL. 33161



Signature of Incorporator
EDWARD JEWETT - PRES

11-01

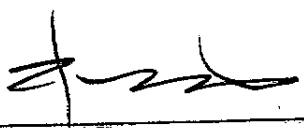
Date

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

Edward Jewett
12995 NE 7th Ave.
N. Miami FL. 33161

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature

11-01

Date

FILED
01 NOV -6 PM 3:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA